

Colorado Medicaid Pharmacy Benefits

These medications require a prior authorization.

Albumin	Leukotrienes	Versed
Anabolic Steroids	Depo-Provera/Lunelle	LHRH/GnRH
Anti-Anemia	Lipid/Amino Acids/Plasma Proteins	Fuzeon
Blood Products	Bactroban Cream and Nasal Ointment	Propecia
Bone Density Injectables	Cough and Cold Product (for clients over 21 only)	Epoetin
Celebrex	Alpha-1 Proteinase Inhibitors	Xolair
Fentanyl	Atypical Antipsychotics (when dosed more than once daily)	OTC Products
Growth Hormones	Ranitidine liquid and capsules	Oxsoralen
Isotretinoin	Brand Name Medications that have an A-rated generic equivalent	IVIG
Prescription Vitamins	Fluoride Products (for clients over 21 only)	Revatio
Smoking Cessation Products	Oxycontin (when dosed more than twice daily)	Vivitrol
Sodium Chloride	Filgrastin/Pegfilgrastin/Sargromostim	Botox
Stimulants	Promethazine (for clients under the age of two)	Provigil
Synagis/Respigam	Thrombolytic Enzymes	Sandostatin
Tretinoin	Antihistamines/Decongestant Combinations	

These medications have quantity limits.

Ambien	Sonata	Toradol	Amerge	Kytril	Emend	Zomig
Axert	Frova	Imitrex	Maxalt	Zofran	Anzemet	Relpax

These medications or classes are subject to the Preferred Drug List.

Therapeutic Category	Preferred Products
Non-Benzodiazepine Sedative-Hypnotics	Lunesta, Rozerem, Zolpidem
Proton Pump Inhibitors	Nexium capsules, Prevacid capsules, Prevacid solutabs
Statins and Statin Combinations	Crestor, Lipitor, Pravastatin

These categories of medications are not covered.

Non-Rebateable Drugs	Fertility Drugs	DESI Drugs	Cosmetic Drugs	Weight-Loss Drugs
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Copays:

Brand Name Medications - \$3

Generic Medications - \$1

Clients 18 and under, pregnant women (including 60 days after delivery) and clients residing in a nursing home - \$0

Questions?

303-866-3588 (within Metro Denver) or

1-800-221-3943 (outside Metro Denver)

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